

CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OH 45036-1777
TEL: (513) 933-7205
FAX: (513) 228-3902
www.lebanonohio.gov

FORM IR



2013

INCOME TAX RETURN FOR THE CALENDAR YEAR 2013
DUE ON OR BEFORE APRIL 15, 2014
FILING IS REQUIRED EVEN IF YOU HAVE NO INCOME AND NO TAX IS DUE

CHECK THE APPROPRIATE BOX

- ☐ FULL YEAR RESIDENT
☐ PART YEAR RESIDENT
DATES: FROM _____ TO _____
☐ NON RESIDENT
☐ RETIRED, NO TAXABLE INCOME

CHECK FILING STATUS

- ☐ SINGLE
☐ MARRIED

SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER
------------------------	---------------------------------

NAME AND ADDRESS

CHARGE CARD INFORMATION

☐ VISA ☐ MASTERCARD
Card # (16 digits) _____
Exp. Date _____
Total Amount Authorized \$ _____
Signature _____
Daytime Phone # (_____) _____

To complete using online tool go to:

www.lebanonohio.gov

ALL APPROPRIATE W-2'S, FEDERAL SCHEDULES AND EXPLANATION MUST BE ATTACHED

PART A TAX CALCULATION – USE ONLINE CALCULATION TOOL – SEE BOX ABOVE		FOR OFFICE USE ONLY
1. Total Qualifying Wages (Usually Box 5) (Attach All W-2 Forms)	\$ _____	\$ _____
2a. Other Taxable Income from Line 19, Page 2 – See Instructions.	\$ _____	\$ _____
2b. Deductions from line 21	\$ _____	\$ _____
3. Taxable Income: Line 1 Plus 2a Minus Line 2b	\$ _____	\$ _____
4. Lebanon Tax: 1% of Line 3	\$ _____	\$ _____
5 CREDITS		
5a. Lebanon Tax Withheld Per W-2's	\$ _____	
5b. 2013 Estimated Tax Paid to Lebanon	\$ _____	
5c. 2013 Tax Paid Municipality of _____ (Not to exceed 1% of portion taxed per W-2 – See Instructions)	\$ _____	
5d. Prior Year Overpayments	\$ _____	
5e. Total Credits (Add Lines 5a through 5d and Enter Here)	\$ _____	\$ _____
6. If Line 4 is Greater Than Line 5e, Payment of Balance Must Accompany This Return PENALTY \$ _____ INTEREST \$ _____ LATE FILING FEE \$25.00	TAX DUE \$ _____	\$ _____
7. Overpayment Refunded \$ _____ or Credited \$ _____ to Next Year's Estimate (Line 5e Greater Than Line 4) . .	\$ _____	\$ _____
No Tax, Refund or Credit of Less than \$5.00 Shall Be Collected, Refunded or Credited.		
PART B DECLARATION OF ESTIMATED TAX FOR 2014 <small>THIS SECTION IS REQUIRED TO BE COMPLETED IF NO LOCAL TAX IS WITHHELD. FAILURE TO PAY 90% OF YOUR 2014 ESTIMATED TAX DUE BY JANUARY 15, 2015 WILL RESULT IN A PENALTY.</small>		
8. Total estimated income subject to tax	\$ _____	\$ _____
9. Lebanon Income Tax Declared (Multiply Line 8 by 1%)	\$ _____	\$ _____
10. Tax Withheld from Wages (up to 1%)	\$ _____	\$ _____
11. Tax due after Withholding (Line 9 less Line 10)	\$ _____	\$ _____
12. Declaration Due (25% of Line 11)	\$ _____	\$ _____
13. Less credits (from Line 7 above)	\$ _____	\$ _____
14. Net estimated tax due if Line 12 minus Line 13 is greater than zero*	\$ _____	\$ _____
*Subsequent estimated payments are due by the 15th of July, October and January. COUPONS AVAILABLE ONLINE www.lebanonohio.gov		
15. TOTAL AMOUNT DUE – Combine Line 6 above with Line 14 (Make check payable to the City of Lebanon)		\$ _____ \$ _____

- ☐ I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT AND COMPLETE, AND THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES, (WITH THE EXCEPTION THAT DEFERRED INCOME MUST BE REPORTED FOR CITY INCOME TAX PURPOSES). IF RETURN IS NOT SIGNED, THIS IS NOT A LEGAL FINAL RETURN. TAXPAYER AND SPOUSE MUST SIGN, EVEN IF ONLY ONE HAS INCOME.
- ☐ CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

Preparer's Signature	Date	Signature of Taxpayer or Agent	Date	Occupation
Preparer's Address	Phone	Signature of Spouse	Date	Occupation
		Telephone Number	E-mail	

**TO BE COMPLETED ONLY BY THOSE WHO HAVE TAXABLE INCOME OTHER THAN WAGES OR
WHO CLAIM EXPENSES AS A DEDUCTION FROM SUCH WAGES.**

16. NET PROFIT (LOSS) FROM BUSINESS (**ATTACH FEDERAL SCHEDULE C**) \$ _____
17. RENTAL INCOME (**ATTACH FEDERAL SCHEDULE E**) \$ _____
18. OTHER INCOME (**ATTACH FEDERAL FORMS & SCHEDULES**)
- (A) Schedule K-1 Income (**ATTACH K-1 AND SCHEDULE E**) \$ _____
- (B) Miscellaneous Income – 1099-MISC not reported above, (**ATTACH DOCUMENTATION**) \$ _____
- (C) Schedule F – Farm Income (**ATTACH SCHEDULE F**) \$ _____
- (D) Gambling and Lottery Winnings (**ATTACH FORMS W-2G OR PAGE 1 OF FORM 1040**) \$ _____
- (E) Total of A-D \$ _____
19. TOTAL OTHER INCOME combine 16, 17 and 18E. CARRY POSITIVE NUMBER TO LINE 2A (LOSSES DO NOT CARRY FORWARD) . . . \$ _____
- Net loss from a business activity cannot be used to offset wage earnings.**
- No Loss Carryover Allowed From Prior Years Effective Tax Year 2007.**
20. DEDUCTIONS (**only complete this section if you had allowable Federal Form 2106 deductions or you were a part year resident**)
- (A) Employee business expenses from Lebanon or Township wages only. (**ATTACH FORM 2106**) \$ _____
- (B) LESS 2% FEDERAL AGI LIMITATION (**ATTACH SCHEDULE A**) \$ _____
- (C) Line A minus B (**IF ZERO ON LINE A ENTER ZERO**) \$ _____
- (D) Part year residents income exclusion (**ATTACH EXPLANATION**) \$ _____
21. Total of deductions add lines C and D and carry result to Line 2B. \$ _____

EXAMPLES OF DEDUCTIONS THAT ARE NOT ALLOWED:

Contribution to individual Retirement Account (IRA); Simplified Employee Pension (SEP) plan; Keogh (H.R. 10) Retirement Plan; 401-K.

INCOME NOT TAXED BY THE CITY OF LEBANON:

Unemployment, Interest, Dividends, Capital Gains, Military wages of service member and Distributions from pension or retirement plans listed on Form 1099-R.

EXTENSION POLICY

If filing date cannot be met, a written request for extension must be forwarded to this office on or before the filing date. Failure to do so can result in assessment of penalty and interest charges. **PAY TENTATIVE TAX DUE WITH EXTENSION REQUEST.**

NOTE: UNLESS ACCOMPANIED BY PAYMENT OF THE BALANCE OF THE TAX DECLARED DUE AND AT LEAST ONE FOURTH OF THE ESTIMATED TAX, THIS FORM IS NOT A LEGAL FINAL RETURN OR DECLARATION.

2014 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 15, 2014
File 2013 Return
File 2014 Declaration
with 1st quarterly payment

JULY 15, 2014
Make 2nd
quarterly payment

OCTOBER 15, 2014
Make 3rd
quarterly payment

JANUARY 15, 2015
Make 4th
quarterly payment

Estimated Tax Coupons are available online at www.lebanonohio.gov

ONLINE PREPARATION TOOL FOR 2013 TAX RETURNS

The City of Lebanon Income Tax Department is offering an online tool to complete your 2013 city tax return by going to www.lebanonohio.gov

Click on the tax form you need to fill out and type in the information and the calculations will be performed for you. Please print off the form, sign the form, attach any payment that is due and attach all W-2's and all schedules and mail everything to City of Lebanon, Tax Dept., 50 S. Broadway, Lebanon, OH 45036.

Should you need assistance, please contact the City of Lebanon Income Tax Department at (513) 933-7205.

QUARTERLY REMITTANCE STUB Q2 →**PAYMENT AMOUNT \$****Declaration of Estimated Tax**Quarterly Due: **July 15, 2014**

Name and Address - If Incorrect, Make Necessary Changes

ACCOUNT #
_____SOCIAL SECURITY #
_____**TO:****CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OHIO 45036-1777****CHARGE CARD INFORMATION**Check One: ☐  ☐ 

Card # (16 digits) _____

Exp. Date _____

Total Amount Authorized \$ _____

Signature _____

Daytime Phone # (_____) _____

QUARTERLY REMITTANCE STUB Q3 →**PAYMENT AMOUNT \$****Declaration of Estimated Tax**Quarterly Due: **October 15, 2014**

Name and Address - If Incorrect, Make Necessary Changes

ACCOUNT #
_____SOCIAL SECURITY #
_____**TO:****CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OHIO 45036-1777****CHARGE CARD INFORMATION**Check One: ☐  ☐ 

Card # (16 digits) _____

Exp. Date _____

Total Amount Authorized \$ _____

Signature _____

Daytime Phone # (_____) _____

QUARTERLY REMITTANCE STUB Q4 →**PAYMENT AMOUNT \$****Declaration of Estimated Tax**Quarterly Due: **January 15, 2015**

Name and Address - If Incorrect, Make Necessary Changes

ACCOUNT #
_____SOCIAL SECURITY #
_____**TO:****CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OHIO 45036-1777****CHARGE CARD INFORMATION**Check One: ☐  ☐ 

Card # (16 digits) _____

Exp. Date _____

Total Amount Authorized \$ _____

Signature _____

Daytime Phone # (_____) _____